

# CERTIFICATION OF SELF ASSESSMENT

AGENCY NAME: \_\_\_\_\_

## SINGLE AUDIT

Yes N/A No

\_\_\_ \_\_\_ \_\_\_ 1. Appropriate staff review findings from the previous years' single audit as preparation for the current year audit.

**If no please explain.** \_\_\_\_\_

\_\_\_ \_\_\_ \_\_\_ 2. All findings and questioned costs from previous year's single audit have been appropriately resolved.

**If no please explain.** \_\_\_\_\_

## ADDITIONAL INFORMATION/ EXAMINATIONS OF AGENCY

Yes N/A No

\_\_\_ \_\_\_ \_\_\_ 1 The agency provided Day Sheet training for all appropriate staff during this past fiscal year.

**If yes, please indicate the total number of staff trained.** \_\_\_\_\_

\_\_\_ \_\_\_ \_\_\_ 2. Has the agency undergone any other examination, monitoring, or investigation (either by an external entity or by internal audit staff) during the past year?

**If yes, please indicate the name and date of the review.** \_\_\_\_\_

\_\_\_ \_\_\_ \_\_\_ 3. Has the agency undergone any reviews by the Division of Social Services in the past year?

**If yes, please indicate the name and date of the review.** \_\_\_\_\_

## CERTIFICATION

I hereby certify that the \_\_\_\_\_ County Department of Social Services has on file a completed "Subrecipient Self-Assessment of Internal Controls and Risks" dated \_\_\_\_\_. To the best of my knowledge there has been no significant deviation from the indicated responses on that document.

\_\_\_\_\_  
Signature, Agency Director

\_\_\_\_\_  
Date